

<b>PATENT – POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Patent Number		6,847,118	
	Issue Date		January 25, 2005	
	First Named Inventor		Joseph M. Milewski	
	Title	LOW TEMPERATURE SOLDER CHIP ATTACH STRUCTURE		
	Attorney Docket No.		TIPI 3.0-065 DIV	
I hereby revoke all previous powers of attorney given in the above-identified patent.				
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</div><div style="border: 1px solid black; padding: 5px; text-align: center;">38091</div></div>				
<div style="display: flex; justify-content: space-between;"><div><b>OR</b> <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</div></div>				
Practitioner(s) Name		Registration Number	Practitioner(s) Name	Registration Number
Please recognize or change the correspondence address for the above-identified patent to:				
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. <b>OR</b> <input type="checkbox"/> The address associated with Customer Number:</div><div style="border: 1px solid black; width: 100px; height: 30px;"></div></div>				
<b>OR</b>				
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country		Telephone		Email
I am the:				
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Inventor, having ownership of the patent. <b>OR</b> <input checked="" type="checkbox"/> Patent owner. <small>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____</small></div></div>				
<b>SIGNATURE of Inventor or Patent Owner</b>				
Signature		Date		1-27-10
Name		Telephone		
Title and Company		Director and Secretary, Tessera Intellectual Properties, Inc.		
<small>NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small>				
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.				